

MAINE MILITARY RELIEF FUND APPLICATION				
		Date:		
From:		To: DVEM Attn: Family Program Office State House Station #33 Augusta, ME 04333-0033		
SECTION I - APPLICANT – FILL THIS SECTION IN COMPLETELY				
Name		SSN		Rank
Address:		City:		State: Zip:
Email:		Phone #:		
Grant requested by:		Service Member	Spouse	Other:
Unit:	Unit Address:		Unit Phone #:	
			Email:	
Grant Request:	\$			
Reason for request (be specific with supporting documents attached if possible):				
SECTION II - RECOMMENDATION BY UNIT OR HIGHER HEADQUARTERS				
This information has been verified by unit of assignment or higher headquarters:				
Recommendation:		Approval	Disapproval	Approval for lesser amount:
Name:		Title:		
Phone #:	Unit:		Email:	
SECTION III – STATE FAMILY PROGRAM OFFICE				
Received:	Date to Council:		Results	
Make Check(s) Payable to: (include name, address, phone number and amount)				
SECTION IIII – THE ADJUTANT GENERAL (USED FOR ANYTHING OVER \$250)				
Received:		Approve/Disapprove		
John W. Libby, MG, MEARNNG, The Adjutant General			Signature:	
SECTION V – THE STATE OF MAINE FISCAL OFFICE				
Received:	Check #		Date Sent:	
Certifying Officer:			Signature:	
Return this completed form to the MENG Family Program office				MENG FP – 37 1 Oct 05